(REVISED: 2/99)

Project I.D.:

For Of	ficial Use Only:				
Staff:	BD:	DFO:	Actions:	SV:	Date Sent:
Lead:				OV:	Date Received:
				PI:	

# INDIANA DEPARTMENT OF COMMERCE INFRASTRUCTURE APPLICATION

#### NOTE ON CONFIDENTIALITY OF INFORMATION:

To the extent feasible and permissible by law, the Indiana Department of Commerce (IDOC) will honor an applicant's request that confidential information submitted to the IDOC remain confidential. The IDOC will treat the information as confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order. If the application results in a grant or loan, the honoring of the confidentiality of identified data shall not limit the IDOC's right to disclose the details and results of the economic development project to the public.

## I. UNIT OF LOCAL GOVERNMENT

1)	Grantee:	
	Street Address:	
		State: Zip:
	County:	Federal I.D. Number:
	Phone: ()	_ Fax: ()
2)	Chief Elected Official:	
	C.E.O. Title:	
	Name of Clerk Treasurer/Auditor/Controller: _	
3)	Contact Person:	
	Contact Person's Title:	
	Phone: ()	_ Fax: ()

## II. ECONOMIC DEVELOPMENT PROJECT INFORMATION

A. Company Information:

1) Company:	
City:	State: Zip:
County:	Federal I.D. Number:
Phone: ()	Fax: ()

2)	Company's Senior Officer:		
	Officer's Title:		
2)			
3)	Contact Person:		
	Contact Person's Title:		
	Phone: ()	Fax: ()	
4)	Site Address if different from above:		
	Street Address:		
	City:	State:	Zip:
	County:	Federal I.D. Number:	<u></u>
	Phone: ()	_ Fax: ()	
1)	Parent Company:		
	Street Address:		
	City:		
	Country:		
	Phone: ()		
2)	Parent Company's Senior Official:	<del></del>	
	Official's Title:		
3)	List the current level of full-time employment of	the parent company:	
		1 1 3	
	Other Company-Related Information:		
1)	List company's SIC Code.		
2)	List product(s) manufactured or service(s) provide	ded by the company	
3)	Is the company located in an urban enterprise zon	ne?Yes _	No
4)	Is the company 51% or more minority-owned?	Yes _	No
5)	Is the company woman-owned?	Yes _	No
6)	Is the company union?	Yes _	No
	If Union, list union:		

Attach a brief narrative history of the company, including ownership, business operations, and product market. (Label as Attachment A)  D. Customer and Supplier Information:  1.) List major customers, locations and estimated annual gross sales to the customer:  a.) List last fiscal year's total annual gross sales figures.  b.) List last fiscal year's total annual gross sales to Indiana customers.  c.) List last fiscal year's total annual gross export sales.  S.  Major Customer(s)  Location (City/State)  Annual Gross Sales  S.  (The above grid need not be completed by applicants with fewer than 50 employees.)  2.) List major material suppliers, their locations and estimated annual gross sales:  a.) List last fiscal year's total annual dollar purchases from suppliers.  b.) List last fiscal year's total annual dollar purchases from Indiana companies.  Major Supplier(s)  Location (City/State)  Annual Gross Purchases  S.  Major Supplier(s)  Location (City/State)  Annual Gross Purchases	7) Is the company domestic or fore If Foreign owned, list country	eign owned (D/F)?				
D. Customer and Supplier Information:  1.) List major customers, locations and estimated annual gross sales to the customer:  a.) List last fiscal year's total annual gross sales figures.  b.) List last fiscal year's total annual gross sales to Indiana customers.  c.) List last fiscal year's total annual gross export sales.   Major Customer(s)  Location (City/State)  S  S  (The above grid need not be completed by applicants with fewer than 50 employees.)  2.) List last fiscal year's total annual dollar purchases from suppliers.  b.) List last fiscal year's total annual dollar purchases from Indiana companies.  Major Supplier(s)  Location (City/State)  Annual Gross Purchases  S  Major Supplier(s)  Location (City/State)  Annual Gross Purchases	C. Brief Narrative History of the Company					
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C.) List last fiscal year's total annual gross export sales.    Major Customer(s)   Location (City/State)   Annual Gross Sales   \$   \$   \$   \$   \$   \$   \$   \$   \$	a.) List last fiscal year's total	annual gross sales figures.	\$			
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S   S   S   S   S   S   S   S   S   S			·			
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b.) List last fiscal year's total annual dollar purchases from Indiana companies. \$  Major Supplier(s) Location (City/State) Annual Gross Purchases  \$ \$ \$	a.) List last fiscal year's total	annual dollar purchases from suppli	iers. \$			
Major Supplier(s)  Location (City/State)  Annual Gross Purchases  \$ \$	,	1				
\$ \$	b.) List last fiscal year's total	annuar donar purchases from merar	ia companies. \$			
\$	Major Supplier(s)	Location (City/State)	<b>Annual Gross Purchases</b>			
\$			·			
I do						
\$ \$						
(The above grid need not be completed by applicants with fewer than 50 employees.)	(The above grid need not be comple	eted by applicants with fewer than 5	'			
F. Capital Investment: (Attach additional sheets if necessary)			o employees.)			
<ol> <li>Give a brief description of the proposed capital investment.</li> </ol>						

2)	List the total amount of pr	roposed capital invest Lease *	ment at the facility Purchase	y for the <b>ne</b>	xt two year	<b>:s</b> :
	Land			9	S	<u></u>
	Building			9	S	
	Equipment			\$	S	<u></u>
	*Provide details of all le	ease agreements:				
3)	Capital investment time so	chedule: Start date: _		_ Ending	date:	
4)	Identify the source (s) of f	inancing for the comp	oany's capital inve	stment:		
	Industrial Reve	enue Bonds _	Small E	Business Ad	lministratio	n Loan
	Tax Increment	Financing (TIF)	Interna	l Assets/Eq	uity	
	Banks (specify	r):				
	Other (specify)	):				
5)	Will the company be appl	ying for local tax abat	tement?Ye	es	. No	Already
	If Yes, list terms (# of y	years): Real	Personal	Property		
G)	Employment Information	on: (Full-time Emplo	oyment Only)			
1)	List the current level of er	nployment for the affe	ected Indiana site.			
2)	List the level of employment	ent for the affected In	diana site one (1)	year ago.		
3)	List total current annual p	ayroll of the affected	Indiana site. \$			
4)	List the new or current em level (skilled, semi-skil (Attach additional sheet	led, unskilled). Includ		_		

List the number of  $\underline{\mathbf{net}\ \mathbf{new}}$  Indiana employees to be hired.

# FT Jobs	Job Title	Skill Level	Starting W/OFringes	Wages With Fringes	Average W/O Fringes	Hourly Wage With Fringes
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
		·	\$	\$	\$	\$
			\$	\$	\$	\$

\_\_\_\_ = Total Net New Hires

## IV. INFRASTRUCTURE APPLICATION

Award of Const	ruction Contract		
Start of Constru	ction		
Completion of C	Construction		
•	infrastructure requ		ironmental permits and/or regulatory considerations oject?  Permit Application Status:
Air:	Yes	No	
Water:	Yes	No	
Sewer:		No	
	Yesources and amoun	No	
Identify all other s	Yes ources and amoun ructure need(s).	No	
Identify all other so project's infrasto Local Governme	Yes ources and amoun ructure need(s).	No at of funds availa \$_	able to match state grant funds in completing the
Identify all other so project's infrastruction Local Government of the project of	Yes ources and amoun ructure need(s). ent:	_ No at of funds availa \$_ s (IRB)	ble to match state grant funds in completing the  General Funds
Identify all other so project's infrastructure Local Government Industricute Tax Inc	Yes ources and amoun ructure need(s). ent:	No at of funds availa \$ s (IRB) s (TIF)	ble to match state grant funds in completing the  General Funds Local Option Income Tax(COIT/CAGI
Identify all other so project's infrastructure Local Government Industricute Tax Inc	Yes ources and amount ructure need(s). ent: fal Revenue Bonds erement Financing	No at of funds availa \$ s (IRB) s (TIF)	ble to match state grant funds in completing the  General Funds Local Option Income Tax(COIT/CAGI
Identify all other so project's infrastructure Local Government Industricute Tax Inc.  Local Education Control Local Education Control Edu	Yes ources and amount ructure need(s). ent: fal Revenue Bonds erement Financing	No  at of funds availa  \$ s (IRB) s (TIF) oment Income Ta	ble to match state grant funds in completing the  General Funds Local Option Income Tax(COIT/CAGI
Identify all other so project's infrastructure Local Government Industricture Tax Incomplete Local E Other:  1.)	Yes Yes ources and amount ructure need(s).  ent: al Revenue Bonds rement Financing Economic Develop	No  It of funds availated \$  S  It of funds availated \$  It of funds availated \$	ble to match state grant funds in completing the  General Funds Local Option Income Tax(COIT/CAGI
Identify all other so project's infrastructure.  Local Government Industricute.  Tax Inc.  Local E Other:  1.)  2.)	Yes Yes ources and amount ructure need(s).  ent: fal Revenue Bonds rement Financing Economic Develop	No  st of funds availa  \$_s (IRB)  (TIF)  ment Income Ta  \$  \$	ble to match state grant funds in completing the  General Funds Local Option Income Tax(COIT/CAGI

- - a) A narrative describing in detail the proposed infrastructure improvement(s) (for example, 3,400 linear feet of 14" water line with necessary fittings) and how these improvements will directly affect the company benefiting from this project. Include the need(s) to be addressed by the proposed infrastructure improvement(s) and all activities to be under taken in addressing the need(s). Please quantify to the greatest extent possible. (Label as **Attachment B**)
  - b) An explanation of why other funding is inadequate to complete the proposed project. (Label as **Attachment C**)

- c) A site map of the community identifying the project area, the site of the proposed facility and all necessary improvements. (Label as **Attachment D**)
- d) An engineer's estimate of the project's costs to include by line item, estimates for land acquisition, engineering fees and all construction costs. (Label as **Attachment E**)

## NOTE TO THE APPLICANT -- INFRASTRUCTURE PROJECTS:

IDGF grant recipients are encouraged to execute a written agreement with the company incorporating terms such as those contained in the attached agreement, setting forth the obligations of the respective parties with respect to funding of the infrastructure project. This agreement should include requirements respective to private investment in real and personal property; permanent full-time job creation commitments, and wage-level commitment by the company. IDGF grant recipients are encouraged to incorporate local penalty provisions (i.e. repayment of public funding and/or forfeiture of local tax abatement awards) in such an agreement in the event the company fails to comply with commitments made to the grantee.

COMPANY DISC Please answer the f		expla	in all yes responses on a separate page.
Yes	No	1.	Is the company presently involved in any litigation which would have a material adverse effect on the company's and/or principals' financial condition?
Yes	No	2.	Has the company or its affiliates ever been involved in bankruptcy, creditor's rights, or receivership proceedings or sought protection from creditors?
Yes	No	3.	Has any member of the management or the company (Board of Directors, etc.), been convicted of any felony?
Yes	No	4.	Has the company or any member of the management been under indictment or investigation by a public agency for a violation of a state or federal statute?

#### **CERTIFICATION REGARDING THE WARN ACT:**

The company certifies that it will comply with the Worker Adjustment and Retraining Notification (WARN) Act, Public Law 100-379 (29 U.S.C. 2010 et seq.), and the applicable regulations, 20 \CFR 639. The company further certifies that, during the five years following receipt of any grant or loan pursuant to this application and even if the company is not subject to the WARN act by virtue of its size (less than 100 employees), it will voluntarily provide notice 60 days in advance of plant closings or mass layoffs that will result in an employment loss for 50 percent or more of the employees at the employment site. Such notice will be provided to either affected workers or their representatives (e.g., a labor union), to the State dislocated worker unit and to the chief elected official of the unit of local government in which the employment site is located. General questions may be addressed to and notices may be filed with: State Dislocated Worker Unit, Indiana Department of Workforce Development, 10 North Senate Avenue, Indianapolis, Indiana 46204, (317) 232-7371.

#### COMPANY CERTIFICATION AND VERIFICATION:

I affirm, under the penalties for perjury, that the information contained herein is true and accurate to the best of my knowledge and belief.

## **COMPANY AUTHORIZATION:**

Signature:	Date:
Name:	Title:
(typed)	(CEO or highest authorized ranking site official)
both necessary and adequate for the c	that data in this application are true and correct and that the infrastructure described here in in inpany's project described herein. I further certify that this application has been duly authorize and the applicant will comply with all applicable laws of the state of Indiana.
Signature:	Date:
Name:	Title:
(typed)	(Mayor, County Commissioner, or Town Board President)

For Official Use Only: Project I.D.:	Grant I.D.:
AUTHORIZED SIGNATURES FOR PAYM	MENT REQUEST:
In the event this application results in a fully executed following signatures before any state	grant or loan the Indiana Department of Commerce must have on file the
	who will be authorized to sign payment request against state funds on behalf of the
Person 1:	Person 2:
Signature	Signature
Name Typed	Name Typed
Title Typed	Title Typed
ATTESTATION OF SIGNATURES: I certify that the above signatures are of the individuals a Counsel OR a Notary.) Legal Counsel:	authorized to request payments. (The following signature may be that of Legal
Signature	Date
Name Typed	Attorney Number
Notary:	
Signature	Date
Name Typed	County of Residence
Please place notary seal here:	Commission Expiration Date:
[ [ [ [ [ [ [ [	] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]